PTO/SB/17 (06-07)

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|--|-----------------------|--------------------------------|---------------------------------------|-----------------|--|----------|-----------------|
|  | Complete if Known     |                                |                                       |                 |  |          |                 |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  |                       |                                | Application N                         |                 | 10/728,959-Conf. #9026                             |          |                 |
| FEE TRANSMITTAL  |                       |                                | Filing Date                           |                 | December 8, 2003                                   |          |                 |
| For FY 2007  |                       |                                | First Named I                         |                 | Tadanori Ryu<br>E. Bayard                          |          |                 |
|  | 2044                  |                                |                                       |                 |  |          |                 |
| Applicant claims small entity status. See 37 CFR 1.27  |                       |                                | Art Unit 2611                         |                 |  |          |                 |
| TOTAL AMOUNT OF PAYMENT (\$) 250.00  |                       |                                | Attorney Docket No. R2184.0066/P066-A |                 |  |          |                 |
| METHOD OF PAYMENT (check all that apply)   |                       |                                |                                       |                 |  |          |                 |
| Check x Credit Card Money Order Other (please identify):   |                       |                                |                                       |                 |  |          |                 |
| x Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP  |                       |                                |                                       |                 |  |          |                 |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                       |                                |                                       |                 |  |          |                 |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  |                       |                                |                                       |                 |  |          |                 |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   |                       |                                |                                       |                 |  |          |                 |
| FEE CALCULATION  |                       |                                |                                       |                 |  |          |                 |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  |                       |                                |                                       |                 |  |          |                 |
|  | FIL                   | EARCH FEES                     |                                       | NATION FEES     |  |          |                 |
| Application Type   | Fee (\$)              | Small Entity<br>Fee (\$) Fee ( | Small Entity<br>\$) Fee (\$)          | <u>Fee (\$)</u> | Small Entity<br>Fee (\$)                           | Fees     | Paid (\$)       |
| Utility  | 300                   | 150 500                        | 250                                   | 200             | 100  |          |                 |
| Design   | 200                   | 100 100                        | 50                                    | 130             | 65   |          |                 |
| Plant  | 200                   | 100 300                        | 150                                   | 160             | 80   |          |                 |
| Reissue  | 300                   | 150 500                        | 250                                   | 600             | 300  |          |                 |
| Provisional  | 200                   | 100                            | 0                                     | 0               | 0  |          |                 |
| 2. EXCESS CLAIM I  | FEES                  |                                |                                       |                 |  |          | Small Entity    |
| Fee Description Fee (\$)   |                       |                                |                                       |                 |  |          |                 |
| Each claim over 20   | -                     |                                |                                       |                 | 50   | 25       |                 |
| Each independent cl<br>Multiple dependent  |                       |                                |                                       | 200             | 100  |          |                 |
|  |                       | F (4) F                        | Daid (A)                              | 8.5             | ultimle Denemde                                    | 360      | 180             |
|  |                       |                                | <del></del> _                         |                 | Multiple Dependent Claims<br>ee (\$) Fee Paid (\$) |          |                 |
| - 20 = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.   |                       |                                |                                       |                 |  |          | <u>π</u> τ      |
| Indep. Claims  | Extra Claims          | Fee (\$) Fee                   | Paid (\$)                             | <del></del> -   | <del> </del>                                       |          |                 |
| -3=  | x                     | =                              |                                       |                 |  |          |                 |
| HP = highest number of independent claims paid for, if greater than 3.   |                       |                                |                                       |                 |  |          |                 |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                       |                                |                                       |                 |  |          |                 |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |                       |                                |                                       |                 |  |          |                 |
| 100 = /50 = (round up to a whole number) x = =   |                       |                                |                                       |                 |  |          |                 |
| Non-English Specification, \$130 fee (no small entity discount)  |                       |                                |                                       |                 |  |          |                 |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00   |                       |                                |                                       |                 |  |          |                 |
| 1814 Statutory Disclaimer 130.00   |                       |                                |                                       |                 |  |          |                 |
| SUBMITTED BY . 1 OD A  |                       |                                |                                       |                 |  |          |                 |
| Signature  | unnites               | WV (1/10                       | Registration No.<br>(Attorney/Agent)  | 33,082          | Telephone  | (202) 42 | 0-4742          |
| Name (Print/Type) - Ma   | irk J. Thronson       | #5511                          | In                                    |                 | Date   | June 19  | 2007            |
|  |                       |                                |                                       |                 |  |          |                 |
| //   |                       | •                              |                                       |                 |  |          |                 |